

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

Susan Shoemaker,
Plaintiff,

v.

Chelcie McConnell and Stacey McConnell,
Defendants.

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:
:
:
:

No.: 08-014-SLR

Civil Action

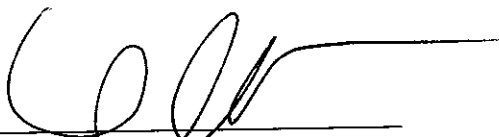
AFFIDAVIT OF MAILING

STATE OF DELAWARE)
)
COUNTY OF NEW CASTLE)

SS

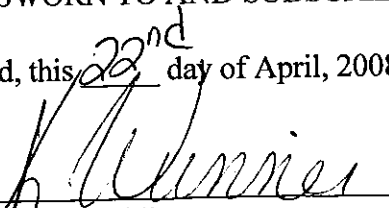
I, Vincent J. X. Hedrick, II, being duly sworn do depose and state as follows:

1. I am the attorney for Plaintiffs Susan Shoemaker in this action.
2. On April 14, 2008, I caused to be mailed by certified mail, return receipt requested, a copy of the Summons and Complaint filed in the above entitled action.
3. As evidenced by the return receipt attached hereto as Exhibit A, service was accepted by Defendant Chelcie McConnell on April 19, 2008.



Vincent J. X. Hedrick, II

SWORN TO AND SUBSCRIBED before me a Notary Public for the State and County
aforesaid, this 22nd day of April, 2008.



Notary Public

KRISTINE M. WINNER
NOTARY PUBLIC
STATE OF DELAWARE
My commission expires Oct. 24, 2011

EXHIBIT A

7002 2410 0006 7668 8377

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

NO FOLIO CAL USE

Postage	\$	/
Certified Fee		/
Return Receipt Fee (Endorsement Required)		/
Restricted Delivery Fee (Endorsement Required)		/
Total Postage & Fees	\$	5.21

ROCKEN SQ STA WILMINGTON DE 19801
APR 14 2008
USPS

Sent To
Chelcie McConnell
 Street, Apt. No.,
 or PO Box No. **2334 Forrest Ridge**
 City, State, ZIP+4
Hebron Ohio 43025

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>x [Signature]</i></p>	
<p>1. Article Addressed to:</p> <p><i>Chelcie McConnell</i> <i>2234 Forrest Ridge</i> <i>Hebron, Ohio</i> <i>43025</i></p>		<p>B. Received by (Printed Name) <i>Chelcie McConnell</i></p> <p>C. Date of Delivery <i>4-19-08</i></p>	
		<p>D. Is delivery address different from item 1? If Yes, enter delivery address below:</p> <p><i>APR 21 2008</i></p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p><i>7002 2410 0006 7668 8377</i></p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	